



Greenwood City/County Planning Department

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# PERMANENT SIGN PERMIT APPLICATION

## ZONING COMPLIANCE

Applicant:   Owner  Agent

Mailing Address:

Contact Person:  Telephone:  Other Telephone:

Property Owner:

Property Owner Address:

Sign Location: City or County  Zoning District:  G-PIN:

Address Number  Street Name:  City:  State:  Zip Code:

Business Name:

Category of Sign (s) - No. of Each: Wall:  Freestanding:  Directional:  Home Occupation:

Sign Dimensions (In Square Feet): Wall:  Freestanding:  Directional:  Home Occupation:

Wall Dimensions - In Square Feet (Wall signs in County ONLY):

Building/Store Frontage - In Linear Feet (Wall signs in City ONLY):

Sign Height:  Sign Clearance:  Setbacks:

Type of Sign:  On-Site  Off-site LED Sign:  Yes  No Lighted Sign:  Yes  No

Total Cost: \$ Site Plan Submitted  Yes  No Date Site Plan Submitted:

Variance (s) (If Any):  Date Variance (s) Approved:

Conditions (If any)  Label Number:

I HEREBY MAKE APPLICATION FOR A ZONING COMPLIANCE CERTIFICATE FOR THE SIGN (S) DESCRIBED ABOVE AND TO BE LOCATED AS SHOWN ON THE ATTACHED SITE PLAN. ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND HAVE BEEN VERIFIED BY ME. I UNDERSTAND THAT THE OMISSION OR MISREPRESENTATION OF ANY FACTS CONTAINED HEREIN MAY BE CAUSE FOR THE IMMEDIATE REVOCATION OF THIS PERMIT. I FURTHER UNDERSTAND THAT THE ISSUANCE OF THIS PERMIT DOES NOT IMPLY APPROVAL OF, OR CONSTITUTE A PRIVILEGE TO VIOLATE, ANY OTHER STATE OR LOCAL ORDINANCES, CODES, OR LAWS, OR PRIVATE RESTRICTIVE COVENANTS. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE ZONING STANDARDS PERTAINING TO THE ISSUANCE OF THIS PERMIT AND THAT ALL CONSTRUCTION MUST BE IN ACCORDANCE WITH THESE REQUIREMENTS. I AGREE TO PERMANENTLY AFFIX THE PROVIDED SIGN LABEL TO THE PERMITTED SIGN WHERE IT CAN BE EASILY SEEN.

Name of Applicant:  Application Date:

Applicant Signature:  Date:

THE LOCATION AND OTHER CONSTRUCTION REQUIREMENTS OF THE SIGN (S) AS DESCRIBED ABOVE CONFORMS TO THE CURRENT REQUIREMENTS OF THE GREENWOOD CITY/COUNTY ZONING ORDINANCE, SUBJECT TO THE STATED CONDITIONS, RESTRICTIONS, AND LIMITATIONS.

Name of Staff:  Permit Issue Date:

Staff Signature:  Date: